# CLAIMS ONLY

| Application Number | Filing Date |
|---|---|
| 10797706 | |

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | \* | | \* | | \* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | I | | | | | | 51 | | | | | | |
| 2 | | I | | | | | 52 | | | | | | |
| 3 | | I | | | | | 53 | | | | | | |
| 4 | | I | | | | | 54 | | | | | | |
| 5 | | I | | | | | 55 | | | | | | |
| 6 | | I | | | | | 56 | | | | | | |
| 7 | | I | | | | | 57 | | | | | | |
| 8 | | I | | | | | 58 | | | | | | |
| 9 | | I | | | | | 59 | | | | | | |
| 10 | | | | | | | 60 | | | | | | |
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| 18 | | | | | | | 68 | | | | | | |
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| 37 | | | | | | | 87 | | | | | | |
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| 40 | | | | | | | 90 | | | | | | |
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| 42 | | | | | | | 92 | | | | | | |
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| 45 | | | | | | | 95 | | | | | | |
| 46 | | | | | | | 96 | | | | | | |
| 47 | | | | | | | 97 | | | | | | |
| 48 | | | | | | | 98 | | | | | | |
| 49 | | | | | | | 99 | | | | | | |
| 50 | | | | | | | 100 | | | | | | |
| Total Indep | 1 | | | | | | Total Indep | | | | | | |
| Total Depend | 8 | | | | | | Total Depend | | | | | | |
| Total Claims | 9 | | | | | | Total Claims | | | | | | |